



PTO/SB/17 (07-07)  
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|   |  |                          |                        |                     |                 |
|---|--|--------------------------|------------------------|---------------------|-----------------|
| <b>FEE TRANSMITTAL</b><br><b>For FY 2007</b><br><br><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 |  | <b>Complete if Known</b> |                        |                     |                 |
|   |  | Application Number       | 08/551,198-Conf. #3864 |                     |                 |
|   |  | Filing Date              | October 31, 1995       |                     |                 |
|   |  | First Named Inventor     | Frederick S.M. Herz    |                     |                 |
|   |  | Examiner Name            | B. Huynh               |                     |                 |
| TOTAL AMOUNT OF PAYMENT   |  | (\$)                     | 1,475.00               | Art Unit            | 2179            |
|   |  |                          |                        | Attorney Docket No. | P0813.70006US00 |

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|--|---|
| <b>METHOD OF PAYMENT</b> (check all that apply)  |   |
| <input checked="" type="checkbox"/> Check  | <input type="checkbox"/> Credit Card  |
| <input type="checkbox"/> Money Order   | <input type="checkbox"/> None   |
| <input type="checkbox"/> Other (please identify): _____  |   |
| <input type="checkbox"/> Deposit Account   | Deposit Account Number: <u>23/2825</u>  |
| Deposit Account Name: <u>Wolf, Greenfield &amp; Sacks, P.C.</u>  |   |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)                 |   |
| <input type="checkbox"/> Charge fee(s) indicated below   | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments                       |

|   |                     |   |                              |                              |                                  |                              |                              |
|---|---------------------|---|------------------------------|------------------------------|----------------------------------|------------------------------|------------------------------|
| <b>FEE CALCULATION</b>  |                     |   |                              |                              |                                  |                              |                              |
| <b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>  |                     |   |                              |                              |                                  |                              |                              |
| <b>Application Type</b>   | <b>Fee (\$)</b>     | <b>FILING FEES</b>                                      | <b>SEARCH FEES</b>           | <b>EXAMINATION FEES</b>      |                                  | <b>Fees Paid (\$)</b>        |                              |
|   |                     | <b>Small Entity Fee (\$)</b>                            | <b>Small Entity Fee (\$)</b> | <b>Small Entity Fee (\$)</b> | <b>Small Entity Fee (\$)</b>     |                              |                              |
| Utility   | 300                 | 150   | 500                          | 250                          | 200                              | 100                          |                              |
| Design  | 200                 | 100   | 100                          | 50                           | 130                              | 65                           |                              |
| Plant   | 200                 | 100   | 300                          | 150                          | 160                              | 80                           |                              |
| Reissue   | 300                 | 150   | 500                          | 250                          | 600                              | 300                          |                              |
| Provisional   | 200                 | 100   | 0                            | 0                            | 0                                | 0                            |                              |
| <b>2. EXCESS CLAIM FEES</b>   |                     |   |                              |                              |                                  |                              |                              |
| <b>Fee Description</b>  |                     |   |                              |                              |                                  | <b>Small Entity Fee (\$)</b> | <b>Small Entity Fee (\$)</b> |
| Each claim over 20 (including Reissues)   |                     |   |                              |                              |                                  | 50                           | 25                           |
| Each independent claim over 3 (including Reissues)  |                     |   |                              |                              |                                  | 200                          | 100                          |
| Multiple dependent claims   |                     |   |                              |                              |                                  | 360                          | 180                          |
| <b>Total Claims</b>   |                     | <b>Extra Claims</b>                                     | <b>Fee (\$)</b>              | <b>Fee Paid (\$)</b>         | <b>Multiple Dependent Claims</b> |                              |                              |
| _____ - 20 = _____  |                     | x _____   | = _____                      |                              | <b>Fee (\$)</b>                  | <b>Fee Paid (\$)</b>         |                              |
| HP = highest number of total claims paid for, if greater than 20.   |                     |   |                              |                              |                                  |                              |                              |
| <b>Indep. Claims</b>  |                     | <b>Extra Claims</b>                                     | <b>Fee (\$)</b>              | <b>Fee Paid (\$)</b>         |                                  |                              |                              |
| _____ - 3 = _____   |                     | x _____   | = _____                      |                              |                                  |                              |                              |
| HP = highest number of independent claims paid for, if greater than 3.  |                     |   |                              |                              |                                  |                              |                              |
| <b>3. APPLICATION SIZE FEE</b>  |                     |   |                              |                              |                                  |                              |                              |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |                     |   |                              |                              |                                  |                              |                              |
| <b>Total Sheets</b>   | <b>Extra Sheets</b> | <b>Number of each additional 50 or fraction thereof</b> | <b>Fee (\$)</b>              | <b>Fee Paid (\$)</b>         |                                  |                              |                              |
| _____ - 100 = _____   | /50 = _____         | (round up to a whole number) x _____                    | = _____                      |                              |                                  |                              |                              |
| <b>4. OTHER FEE(S)</b>  |                     |   |                              |                              |                                  |                              |                              |
| Non-English Specification, \$130 fee (no small entity discount)   |                     |   |                              |                              |                                  |                              |                              |
| Other (e.g., late filing surcharge): 2255 Extension for response within fifth month   |                     |   |                              |                              |                                  | 1,080.00                     |                              |
| 2801 Request for continued examination (RCE) (see 37 ...)   |                     |   |                              |                              |                                  | 395.00                       |                              |

|                     |                 |                                   |                 |
|---------------------|-----------------|-----------------------------------|-----------------|
| <b>SUBMITTED BY</b> |                 |                                   |                 |
| Signature           |                 | Registration No. (Attorney/Agent) | 27,900          |
| Name (Print/Type)   | Steven J. Henry | Telephone                         | (617) 646-8000  |
|                     |                 | Date                              | August 16, 2007 |

|  |                                     |
|--|-------------------------------------|
| <b>Certificate of Mailing Under 37 CFR 1.8(a)</b>  |                                     |
| I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. |                                     |
| Dated: August 16, 2007   | Signature:  (Patricia L. Marchetti) |